Please return by Tuesday, September 26, 2	
Name(s)	
Firm/Organization	
Address	
City	
County	
Phone ( ) F	
Email	
ATTENDEE REGISTRATION	
# NYSTA Members @ \$75	= \$
# Nonmembers @ \$95	= \$
#Equipment Managers @ \$50	= \$
#Students, professors and agricu extension agents @ \$35 (lunch	ultural teachers, included)=   \$
EXHIBITOR REGISTRATION	
NYSTA Member Exhibit Space - \$125	= \$
Nonmember Exhibit Space - \$175	= \$
#Extra Exhibitors @ \$75 each	= \$
☐ Yes, I will need a table for my display Web site	
Product Description	
2018 NYSTA MEMBERSHIP	
Join now and your NYSTA membership will be effective ligible for the member rate above if membership   Employees of members may register at the member f	payment is included with the registration fee
☐ Individual \$130 ☐ Group \$345 ☐ Sto	
List three (3) representatives for group me	
1 2. 3	
TOT	AL = \$
PAYMENT OPTIONS	Federal ID #22-2233502
Phone - Credit card only (518) 783-1229	
Mail - Credit card, check, money order, p NYSTA, PO Box 612, Latham, New Y	
Fax - Credit card, purchase order, or voi	ucher (518) 783-1258
Charge my: □VISA □MasterCard □	American Express
Card Number:	Exp. Date
Billing Address:	CIN #:
Signature	
Make checks payable to New York State Refund Policy - Cancellations received prior	
cancellation fee. Refunds will not be issued aft	